

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09801077</div>		FILING DATE	
						APPLICANT(3)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1								
2		1							
3	1								
4		1							
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50									
TOTAL IND.	3	↓		↓		↓			
TOTAL DEP.	7	←		←		←			
TOTAL CLAIMS	10								
51									
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100									
TOTAL IND.		↓		↓		↓			
TOTAL DEP.		←		←		←			
TOTAL CLAIMS									

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS